

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**02/701289**

**CLAIMS**

	AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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35				2		
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TOTAL	10	1	10	1		
TOTAL	23		31			
TOTAL	33		41			

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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